

010833-TL CK 10384
#100.00
MC

1. Name of company or name of individual (not fictitious name or d/b/a):
STRIKER'S FAMILY SPORTSCENTER II, INC.

2. Name under which applicant will do business (fictitious name, etc.):
STRIKER'S FAMILY SPORTSCENTER

3. Official mailing address:
Street: 8500 NW 44TH ST
P.O. Box: _____
City: SUNRISE,
State: FLORIDA Zip: 33351

4. Florida address:
Street: _____
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:

| | DEPOSIT | DATE |
|---|---------|-------------|
| <input type="checkbox"/> Individual | 079 | JUN 18 2001 |
| <input checked="" type="checkbox"/> Corporation | | |
| <input type="checkbox"/> General Partnership | | |
| <input type="checkbox"/> Limited Partnership | | |
| <input type="checkbox"/> Other: _____ | | |

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: (ATTACHED)

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name

Registration Number: _____

8. F.E.I. Number (if applicable): 54-2011267

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: WILLIE R. MITCHAM
Title: PRESIDENT
Address: 8500 NW 44TH ST.
City/State/Zip: SUNRISE, FL 33351
Telephone No.: 954-749-1400 Fax No.: 954-749-1455
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: (SAME)
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: N/A

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO.

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO.

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NONE

b. Has applications pending to be certified as a pay telephone provider.

NO

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NO

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NO

16. Please check (✓) the services that will be provided:

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 2

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe) _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
- No Explain: _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

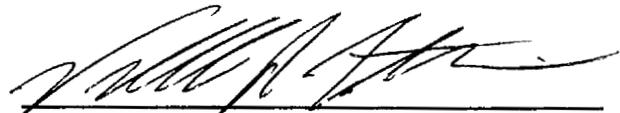
- Yes
- No Explain: _____

****APPLICANT FEE/TAX STATEMENT****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
3. **SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

UTILITY OFFICIAL:

Willie R. MITCHAM
Print Name


Signature

PRESIDENT
Title

6/6/01
Date

954 749 1400
Telephone No.

954 749 1455
Fax No.

Address: 8500 NW 44TH ST
SUNRISE, FL 33351

****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

Willie R. MITCHELL
Print Name


Signature

PRESIDENT
Title

6/20/01
Date

954-749-1400
Telephone No.

954 749 1455
Fax No.

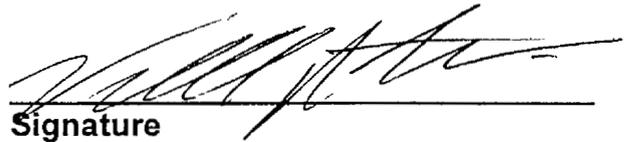
Address: 8500 N.W. 44TH ST
SUNRISE, FL 33351

****APPLICANT ACKNOWLEDGMENT****

Applicant: STRICKERS FAMILY SPORTSCENTER

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

WILLIE R. MITCHELL
Print Name


Signature

PRESIDENT
Title

6/6/01
Date

954-749-1400
Telephone No.

954 749 1455
Fax No.

Address: 8500 NW 44TH ST
SUNRISE, FL 33351

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

State of Florida



Department of State

I certify from the records of this office that STRIKERS FAMILY SPORTS CENTER II, INC., is a corporation organized under the laws of Virginia, authorized to transact business in the State of Florida, qualified on November 28, 2000.

The document number of this corporation is F00000006584.

I further certify that said corporation has paid all fees due this office through December 31, 2000, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code, 600A00060502-112900-F00000006584-1/1, noted below.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-ninth day of November, 2000

Authentication Code: 600A00060502-112900-F00000006584-1/1



CR2EO22 (1-99)

Katherine Harris
Katherine Harris
Secretary of State